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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5553 CERTIFICATE OF DEATH

	U t	100			Keg. Uist. No.
1. PLACE OF DEATH o. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (WI	and b. COUNTY	Borchester
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write neprest lawn) Cambridge	entire life	c. CITY OR TOWN (If a	idge	RAL and give nearest town)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, give stree Cambridge-Maryl		d STREET ADDRESS 303 S	omerset Ave.,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Mary	Robinson	Andrews	4. DATE Month OF DEATH May 26	
S. SEX Female	6. COLOR OR RACE 7. MAR White WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 14,190	Land Schaffelland	Months Doys Hours Min.
during most of with Homemake	TION (Give kind of work dane 10b orking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Cambridge		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	J.Fdgar Robinso	NI.	14. MOTHER'S MAIDEN N Mollie Ha	JAME	
15. WAS DECEASED E	mt		nformant lter B. Andre	ws,303 Somerset	
	EATH (Enter only one couse per leath WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ine for (a), (b), and (c).] Jramia			INTERVAL BETWEEN ONSET AND DEATH 5-6 days
Canditians, if gove rise to couse (a), statin lying couse los	immediate DUE TO			ior nasopharyn	
PAST II. O		GENERALIZED SAY CONTRIBUTING TO DEATH BUT		NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO NO
G (IF EITHER, NOTIF	WAS UNDERLYING TO 206. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	fort I or Part II of item 18.)	
20c. TIME OF INJU Haur o. m p. m	While		ACE OF INJURY (Home, farm tory, street, affice bldg., etc.	20f. (City or town)	(County) (Slote)
ACTUAL SIGNATURE	that I attended the decea 5-26-59, 19 Parily 4 Idridge H. Wolf	ubff	4	M, fram the causes ar ADDRESS (Street, city or tawn, st	that I last saw the decease of an the date stated above DATE SIGNER dge, Md., 5-27-59
220. BURIAL, CREMATI REMOVAL (Specif	May 29,1959	22c. NAME OF CEMETERY O		22d. LOCATION (City, lawn, or Cambridge, Md.	
3. JUNERAL DIRECTO	DR'ESIGNATURE	ADDRESambridge		BY REGISTRAR 246. REGIST	RAR'S SIGNATURE

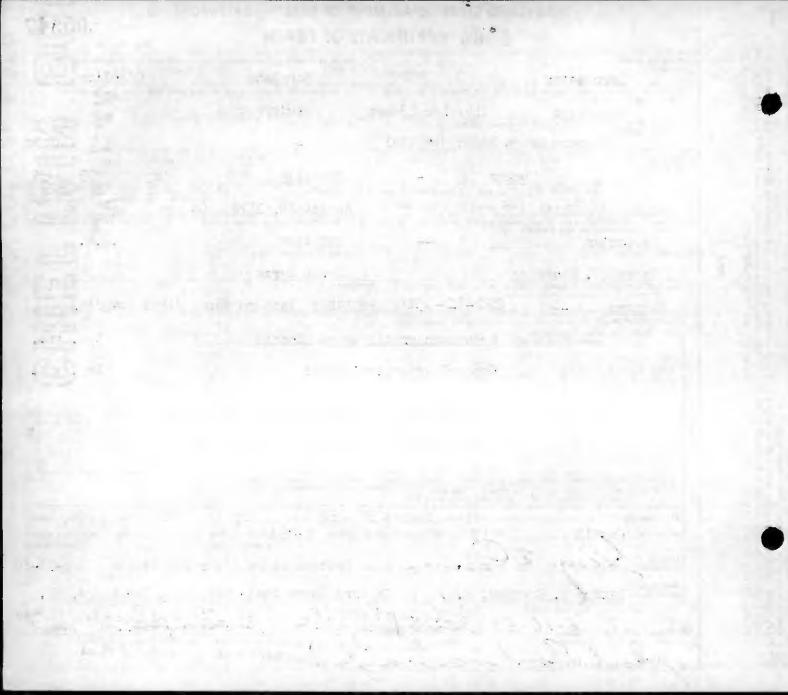
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ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

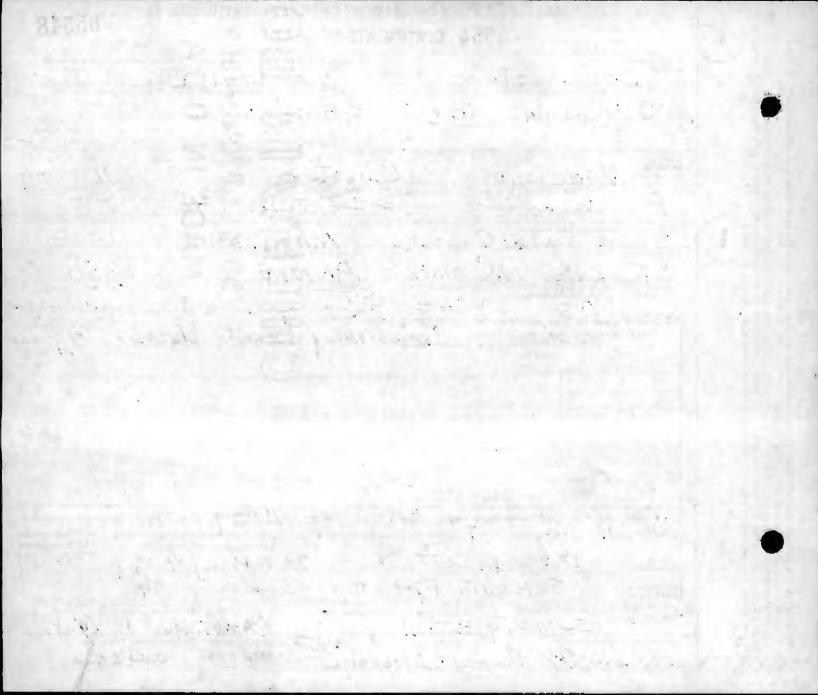
5564 CERTIFICATE OF DEATH

(15547 Reg. Dist. No.

1. PLACE OF DEATH				1	O AIGHAL SECIDENCE MAIL		d the designation	- Davidso	a. b.la.	- admira	last.
a. COUNTY	rchester		MARYL	AND	2. USUAL RESIDENCE (Who do STATE		b. COUNTY	-	olin		101)
	If autside corporate limits,	write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If a		rate limits, write RL	-	- Bernand a		n) /
RURAL and give n			1 0 7.7	3	Hender			5 x			. 4
	mbridge TAL (If not in haspital, give		Lyr 8mo 13	day	d. STREET ADDRESS	rson		2 ^		. 15 RES	ADENICE
OR INSTITUTION				_	d. SIRCEI ADDRESS					ON A	FARM?
	Eastern Shor	e St	ate Hospit	al	-	-				YES [NO 🗵
3. NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mani	h	Day		Year
(Type or print)	Coc	per	-		Bickling	DEATH	Ma	Ry	1	3	1959
S. SEX	6. COLOR OR RACE 7	MARRI	ED NEVER MARRIE	D Sel	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UND	ER 24 HR
Mala	1	VIDOWE			August 24.	1878	last birthdoy)	Months	Days	Haurs	Min.
Male Male	ANT TOT AC				TRY 11. BIRTHPLACE (State			12 CITI	7EN OF	WHATC	OUNTRY
during most of wor	king life, even if retired)	ne IVD. K	IND OF BUSINESS OF	(IIADO3		or toreign o	oonii y j				OUNTRI
Carpen	iter				Maryland			U	.S.A		
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
Samuel	C. Bickling	,			Sarah Avre	es					
S. WAS DECEASED EVI	ER IN U. S. ARMED FORCE	57 16. 5	OCIAL SECURITY NO.	49	FORMANT		Addr	ess			1.1
(Yes, no. or unknown) Unknown	(If yes, give wor or dates of serv		1-10-0914	L E	ECORDS: Eas	tern S	Shore Star	to Ho	snit	2	
					thousand, had	00111 1	onor o bua	00 110		RVAL BE	TMEET
	ATH [Enter only one cous ATH WAS CAUSED BY:								ONS	ET AND	DEATH
(AK) I, DE	IMMEDIATE CAUSE (0)_	Ar	terioscler	001	Heart Diseas	se			Se	V. 3	TS.
420.0	DUE TO										
Conditions, if a	ony, which) (b)_	Ge	neral Arte	rios	sclerosis				Se	V . 1	rs.
gove rise to	mmediate Our TO										
lying couse lost.	The under-										
	, 141-	TIONS CO	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19	. WAS	AUTOPSY
	THE STOP THE COTTON	110110_0	STATE OF SEA	111 001	THO TREDITED TO THE TERM	Tent blueno	e constitution on	613 W4 175K		PERFO	RMED?
2										IF2	NO 🔣
PART II. OT	AS UNDERLYING 20	Ob. DESC	RIBE HOW INJURY OC	CURREC), (Enter nature of injury in I	ort I or Por	t II of item IB.)				
A 20c. TIME OF INJUI	RY Month, Doy, Year	20d IN	JURY OCCURRED	20e. PL4	CE OF INJURY (Home, farm	. 20f. (City	or town)	10	County)		(State
Y 20c. TIME OF INJUI	19	While	_ Not while		tory, street, office bldg., etc.		, , , , , , , , , , , , , , , , , , , ,				10
₹ p. m.	19	at wark	at wark			1					
21. I certify the	hat I ottended the o	lecease	d from Augu	st '	37 154 10	May	13 , 1959,	that I la	st sow	the d	ecease
alive on Ma		, 19_5			occurred at 6:05 A						
dire on		-	5	acom			treet, city or lawn,		duic		E SIGNE
ACTUAL SIGNATURE	11 me - 5	6				,					-
SIGNATURE		-	again.	/	w.p. Eastern Sh	ore_51	tate Hosp	ITAL_			-13-5
PHYSICIAN'S	1		3/ D	-							- 3
NAME (Type) GO	orge E. Curr	der,	M.D.	Eas	stern Shore S	tate I	iospital,	Camb	ride	e, l	Yd.
22a BURIAL, CREMATIC		-0.00	22c. NAME OF CEME	TENY OF	GREMATO A	22d LOCA	TION City, town	county)	10	(Stat	e) me
REMOVAL (Specify	5-16-	59	A CONTRACTOR OF THE PARTY OF TH	4		2			الكرياب	10	/
23. FUNERAL DIRECTOR		0	ADDRESS 94		240. REC'	D BY REGIST	TRAR 24b. REGIS	TRAR'S SIG	GNATUR	E	-1100
2	8 05	1	~ low	een	1	Y 1 5 'S	59 an	Thung S.			
111800-	1 1/ Nother	1	771	Marine mil	L (/) DATE IT!	71 , 0 ,	-				



executed



TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and completely filled in by the frequency page 3 should be a fived for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed-with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

V.

VS A15 (4) 15M 9/55

		0000	Reg. Dist. No.						
	1,	PLACE OF DEATH O. COUNTY Dechester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence o. STATE b. COUNTY						
	0	CITY OR TOWN (If outside corporate limits, writer c. LENGTH OF STAY IN 16 RURAL one give nearest town) MARKET 40 MORE 100 100 100 100 100 100 100 1	CITY OR TOWN II ouride corporate limits, write RURAL and give	negrest town)					
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO					
		NAME OF DECEASED (Type or print) NOVMOL Merrick(Diffon 4. DATE Month	Day Year 1959					
U	5.	Sex 6. COLOR/OR RACE 7. MARRIED NEVER MARRIED []	and the second s	EAR IF UNDER 74 HRS.					
-	2	JUSUAL OCCUPATION (Give kield of work done tob. KIND OF BUSINESS OR INDUSTRIBLE OF BUSINESS OR INDUSTR	STRY 17. BIRTHPLACE (State or foreign country) 12. GITIZE	N OF WHAT COUNTRY					
	13.	Livelley Merrich	Lusey maybe	24					
	15. IYe	WAS DECEASED EVER IN Id. S. ARMED FORCES? In no. or unknown) If yet, give wor or dates of service) 16. SOCIAL SECURITY NO.	When Olyton East her	Martita					
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH					
		Conditions, if ony, which (b) CO MON NO	ry Heart Disease	1 month					
	7	couse (o), stoting the <u>under-lying couse lost.</u> DUE TO							
0	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED?					
		OR CONTRIBUTING CAUSE OF DEATH ((IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)						
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 19 Not white 19 work 10 twork 10 twork 10 two 10	ACE OF INJURY (Home, form, 20f. (City or town) (Cou- lory, street, office bldg., etc.)	nty) (Stote)					
		21. I certify that pattended the deceased from 4/1/1/2 alive an 4/24/57, 19, and that death	9, 19, to 5/0/59, 19, that I las accurred at 1/2 M, from the causes and an the	t saw the deceased					
		ACTUAL SIGNATURE PRAYAMEN	ADDRESS (Street, city or lown, stole) M.D. /36 /40 CF Jt	5/7/59					
		PHYSICIAN'S LAWYENCE Maryanor	Cambridge, Md						
,	6	BURIAL, CREMATION, 226. DATE THEREOF 22c. MANE OF CEMETERY OF	glon kulock	Skell (Stole)					
-	1	FUNERAL-DIRECTOR'S SIGNATURE (ACORESS) COLOR (COLOR)	Marked DATE NAY 1 1 '59 246. REGISTRAR'S SIGN. Onther & A						
	1	1/							

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. N. 555() **CERTIFICATE OF DEATH**

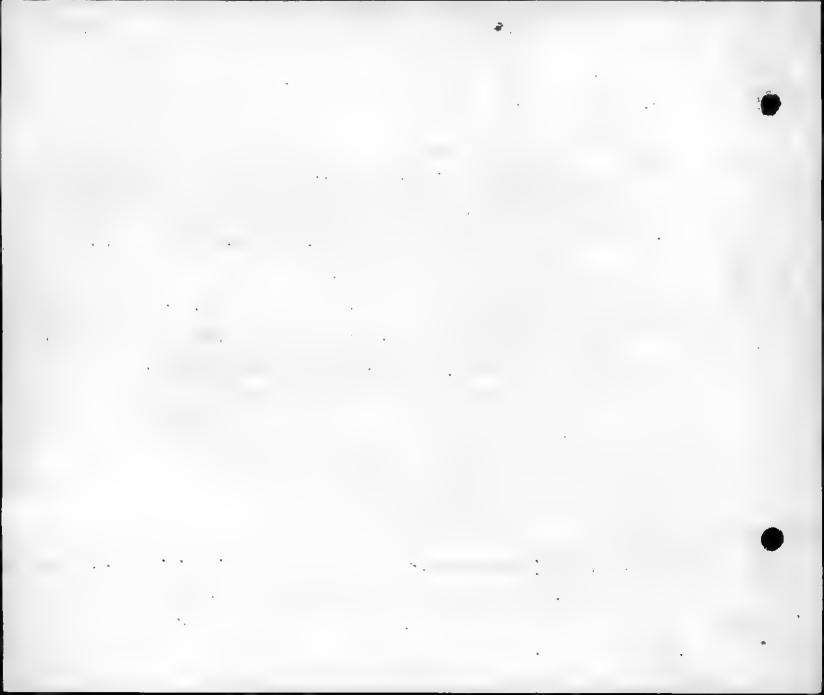
1. PLACE OF DEATH o. COUNTY Dorches	ster	MARYLAND	2. USUAL RESIDENCE (W) o. STATE Mary1	. b. Co	DUNTY	ce before admission	n)		
b. CITY OR TOWN (If outside RURAL and give nearest taw Cambri	dge	2yr.8mo.23das	c. CITY OR TOWN (IF o	outside corporate limits,	write RURAL and g	give nearest tawn)	7		
d. NAME OF HOSPITAL (If no OR INSTITUTION Easter)		ete Hospital	d. STREET ADDRESS	incoln Aver	nue	e. IS RESID ON A F YES	ARM?		
3. NAME OF DECEASED (Type or print)	Fint Laura	Middle Cassins	Conner	4. DATE OF DEATH	Month		9 59		
Ti .		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-5-90	9. AGE (In last birt		1 YEAR IF UNDER Days Hours	24 HRS. Min.		
10a. USUAL OCCUPATION (Give during most of warking life, Housewife	kind af work done 10t even if retired)	. KIND OF BUSINESS OR INDUS	Marylan	id	U	S.A.	UNTRY?		
13. FATHER'S NAME ? John Wil	lis		14. MOTHER'S MAIDEN	l'izabeth	Argo				
S. WAS DECEASED EVER IN U. S. Yes, no. by unknown) If yes, give	S. ARMED FORCES? wor or dates of service)		ecords - East	ern Shore S	Address tate Hos	pital			
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO (b) DUE TO (c)	rteriosclerosis		inal disease conditi	ON GIVEN IN PAR	Sev. y	TS. UTOPSY MED?		
PART II. OTHER SIGN 200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL HOUR G. M. P. M.	SE OF DEATH L EXAMINER) h, Day, Year 20d. Whil	e _ Not while _ fac	O. (Enter noture of injury in ACE OF INJURY (Home, forn story, street, office bldg., etc.	n, 20f. (City or town)		County)	(Stote)		
21. I certify that I at alive an May 11. ACTUAL SIGNATURE	21. I certify that I attended the deceased from August 22 , 19.56, ta May 11 , 19.59 that I last saw the deceased alive an May 11 , 19.59 , and that death occurred at 2:30 AM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNATURE ACTUAL SIGNATURE DATE SIGNED E.S.S. Hospital, Cambridge, Md. 5-114-59								
22a. BURIAL, CREMATION, 22b.	DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City,	tawn, or county) Del.	(State)			
23. FUNERAL DIRECTOR'S SIONA WILLIAMS &	sham/	georgeton	240. REC	D BY REGISTRAR 24 AY 1 8 '59	Civiling &				

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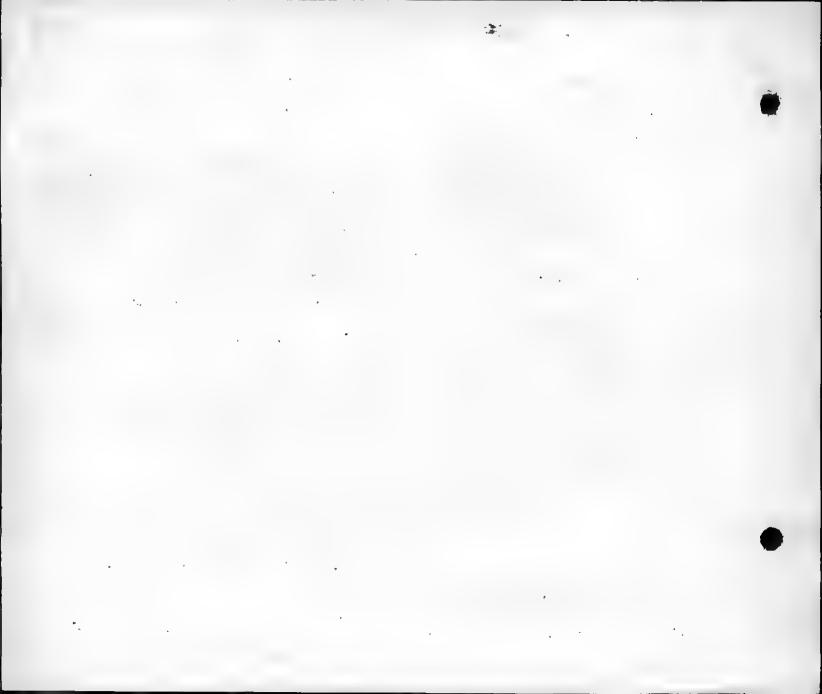
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MARYLAND ST	ATE DEPARTA		BALTIM	ORE, 18	/\ Jo-	
5568^{It}	CERTIFIC	ATE OF DEATH		Pop 1	(15). Dist. No.	552
1. PLACE OF DEATH		n Hellal propriet du	1			* 1 .1
Dorchester	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.		COUNTY *	البوج	iss on;
b CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town) rural Cambridge	13 days	c. CITY OR TOWN (If o	3 1			wn} y
d. NAME OF HOSPITAL (If not in hospital, give street odd) OR INSTITUTION Eastern Shore State Hospita		d. STREET ADDRESS	E-1_9	3 y "	ON	ESIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) L & W \ S	Middle	losi	4. DATE OF DEATH	Month V	Day	Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [NEVER MARRIED DIVORCED	8 DATE-OF SIRTH	STO PAGE		ER 1 YEAR IF UN	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ID OF BUSINESS OR INDL	1	or foreign country)	12 C	US A	COUNTRY?
13. FATHER'S NAME	7	14. MOTHER'S MANDEN N	IAME.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC [Yes, no, or unknown] [If yes, give wor or dates of service]		INFORMANT Shore S	tateHospi	Address	nde	
N 7		append profe p	ca certos bit	.cai 1ecoi		ACTIVIES.
18. CAUSE OF DEATH [Enler only one couse per line for PART 3, DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (o)	or (0), (b), and (c).	1 Prost	Te		ONSET AN	ID DEATH
177X DUE TO		7				
Conditions, if ony, which (b) gove rise to immediate DUE TO		V				
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CON 20 ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease cont	DITION GIVEN IN P.	PER	S AUTOPSY FORMED?
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURR	ED (Enter nature of injury in f	Part I or Part II of i	lem 18.)		
Hour o m. While		LACE OF INJURY (Home, form actory, street, affice bldg., etc.		n}	(County)	(Stote)
21. I certify that I attended the deceased						
olive on 10 4 / 8 , 1959	, and that deat	h occurred at <u>5.40f</u>	M, from the co			ed above. ATE SIGNED
ACTUAL SIGNATURE	redge	M.D. E.S.S. Hosp		•	Md5-/	7-59
PHYSICIAN'S Thomas J. Dredge						
220 BURIAL, CREMAY ON, 226. DATE THEREOF 22. BERNOVA, (Specify) 5/21/59	2c. NAME OF CEMETERY	or CREMATORY	22d. LOCATION (C	its, town or count	y) (5	otely .
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'I	Y 2 0 '59	24b. REGISTRAR'S		
* Madshaw & Somil	Makeeld 1	MATERIA	1 m 0 33	Cirthun 2	5. Minist	

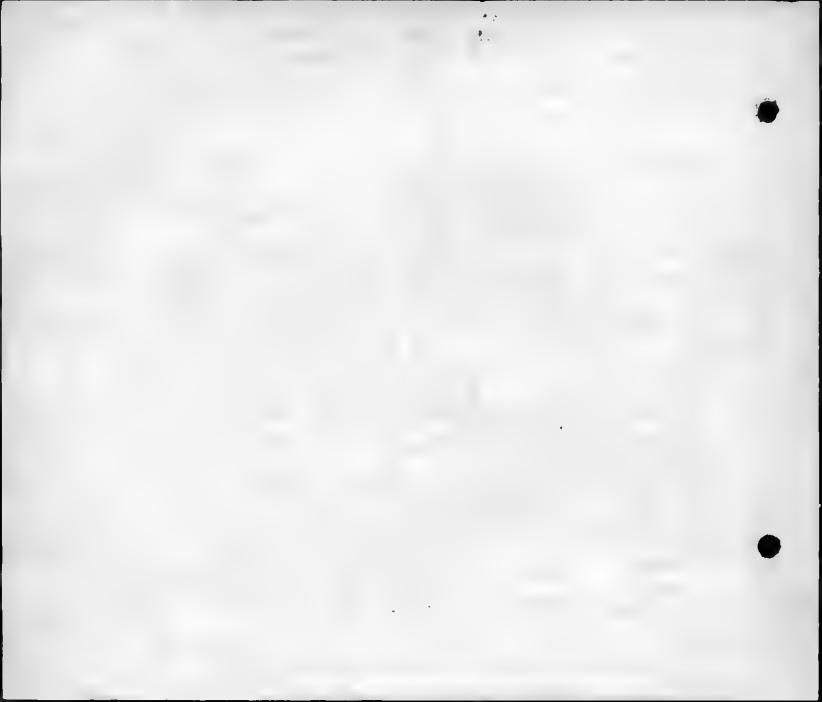
arthur S. Kraus



05553 **CERTIFICATE OF DEATH** 5555 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY o. STATE **b** COUNTY MARYLAND b. CITY OR TOWN (If ourside corporate limits, write CLIENGTH OF STAY IN 16 c. CITY ORTOWN (If outside comparate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) . IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? YES TO NO TH 3 NAME OF First Middle 4. DATE Lost Month Year DECEASED OF (Type or print) DEATH 195 6. COLOWOR BAGE MARRIED PI NEVER MARRIED [] 8 DATE OF SIRTH 9. AGE (in years July Birthdoy) FUNDER TYEAR IF UNDER 24 HE Doys Months Hours DIVORCED [7] WIDOWED [7] popers. yrs. 10g USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CILLEN OF WHAT COUNTRY? Plater and 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME a de physician 72 haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17-JNFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ۵ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) × 2000 DUE TO á Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stating the underlying couse lost. **burial-transit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS GONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State): Hour o.m. factory, street, office bldg., etc.) While Not while of work of work 5-13 21. I certify that I attended the deceased from... ____, 19<u>57</u>,that I last saw the deceased ____, and that death accurred at_ PM, from the causes and an the date stated above. ADDRESS (Street, city or fown, slote) DATE SIGNED ACTUAL A shovid NAME (Type) FUNER oge 3 sl 220 BUR AL, CREMATION, 226 DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 228 COCATION (CIM bode REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S ATGNATU ADDRESS 24b. REGISTRAR'S SIGNATURE REC'DABY_REGISTRAR VS A1S (4) 15M 9/SS 5 '59 arthur S. Kraus

deoth.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



5569	CERTIFICATE	OF DEATH
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Dan Diet Ne

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1. PLACE OF DEATH o. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (W) o. STATE Maryl	h 1	COUNTY	ecil	re admission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest tawn) Cambridge	6yr.3mo.30das	Early	•	, write RURAL on	d give nec	orest fown) -
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street	oddress)	d STREET ADDRESS		-		o. IS RESIDENCE ON A FARM? YES NO 🔼
3. NAME OF DECEASED (Type or print)	First Mary	Middle Elizabeth	Lest Dixon	4. DATE OF DEATH	Month May	20	y Year 19 59
s. sex			8. DATE OF BIRTH 5-5-74	9. AGE (In years IF UND Manths		IF UNDER 24 HRS Hours Min.
10e USUAL OCCUPAT during most of wo Hous	ION (Give kind of wark done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote Marylan		12.C	U.S.	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
John Hen:	ry Timms		Mary Eliza	beth Conro	у		
15. WAS DECEASED EV {Yes, no, or unknown}	(Fr. IN. U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		nformant ECORDS - East		Address	spit	al
Canditions, if gave rise to cause (a), stating lying cause lost	ony, which immediate g the under:	hronic Myocard eneralized Art	eriosclerosis		TION CHEN IN B		SET AND DEATH
CATIC						AKI (O)	PERFORMED? YES NO
	VAS UNDERLYING 20b. DES IG CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II af He	m 16.}		
Y 20c. TIME OF INJU	. 10 While	Not while for	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc			(County)	(State)
ACTUAL SIGNATURE	that I attended the decease 20 19 Dr. E. DeFilippi ON. 226 DATE THEREOF 11 19 19 19 19 19 19 19 19 19 19 19 19 1	59, and that death	m.d. E.S.S.Hos p	ADDRESS (Street, city	uses and on to to town, state)	he date	w the deceased above pate signer 5-21-59
23 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS millington	med 24a. REC	D BY REGISTRAR 2	Ab. REGISTRAR'S		

al director, oe filed, with TO HOSSISS OR STRENGING PRYSICIAN: The law squiss that the dash certificate be executed within 24 haurs after death. Page 4 may be retained by 'me spital ar attending physician.

D FUNERAL DIRECT:

Net this certificate has been signed by the attending physician and campletely filled in by the tapage 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauthe registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs affer death. may be retained by TO FUNERAL DIRECTI

VS A15 (4) 15M 9/58



death.

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MARYLAND-STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5556

CERTIFICATE OF DEATH

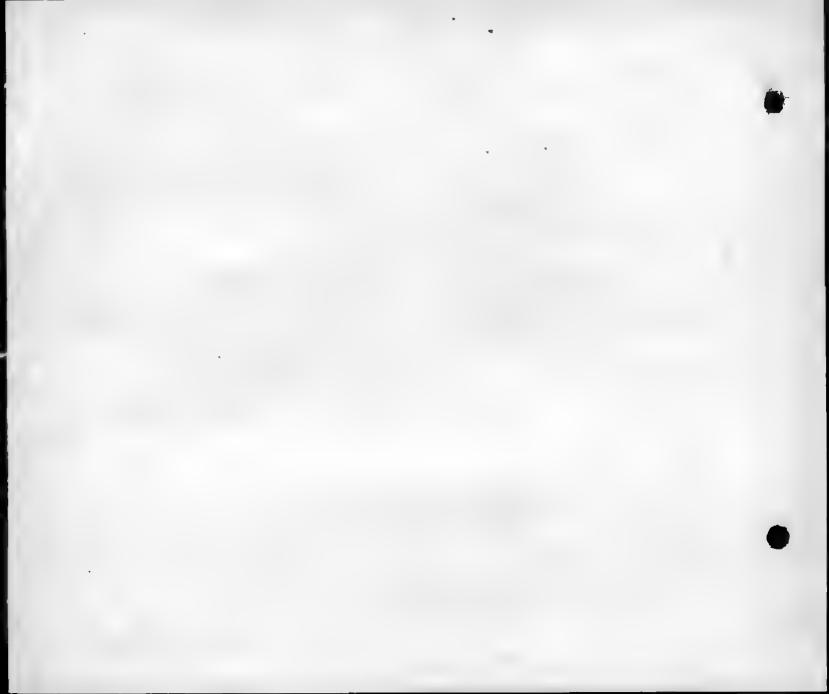
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Rea.	Dist.	No.					

							تنتسف لتنت		
1. PLACE OF DEATH O. CONDURCHESTER		MARYL	- 1	USUAL RESIDENCE (WHO O. STATE MARYLAND)	nera deceased	6. COUNTY	on: Residence		iission)
b. CITY OR TOWN (If outside carporole li	mits, write	c. LENGTH OF STAY IF	N 15	c. CITY OR TOWN (IF o	oulside corpo		~ * * * * * * * * * * * * * * * * * * *		iwn)
RURAL and give nearest lown) CAMBRIDGE		1.1WEEKS	/	P2	CAMBRI	TOF			
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	give street or	ddress)		d. STREET ADDRESS	0.419.10.11	DOE		ON	RESIDENCE I A FAPM?
CAMBRIDGE MARYLAND	HOSP			223 HENRY	STREE	ir		YES	□ NO □
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Mon	th	Day	Yeor
(Type or print) CELLA		ROSE		JACKSON	DEATH	MAY	-	28	19 59
S. SEX 6. COLOR OR RAC	E 7. MARRIE	ED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF UN	
FEMALE WHITE	WIDOWED	DIVORCED		APRTI. 11 18	882	lost birthdoy) 76 yrs.	Months	Days Hour	rs Min.
10a. USUAL OCCUPATION (Give kind of wor	k done 10b K	IND OF BUSINESS OR			or foreign co	ountry)	12. CITI	ZEN OF WH	AT COUNTRY?
during most of working life, even if retire SEAMTRESS	ed) [_				
13. FATHER'S NAME	I G	ARMENT FAC		MARYLANI 4. MOTHER'S MAIDEN N			U.	SA	
T.1.ma	_		- 1	MOTHER SIMMIDEIA IN	TAINE				
JAMES ROS			1.0 0.00	ELIZAB	ORTH	TUCKER			·
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes. no or unknown) (If yes, give wor or dotes or	FREEDY [16. S	OCIAL SECURITY NO.	17. INFO	RMANI		Add	ress		
NO	U	NKN OWN	ME	S NELSON TH.	WAS_	CAHBRI	DGE	ATTLA	MD.
18 CAUSE OF DEATH [Enler only one	couse per line	for (0), (b), and (c).]						INTERVAL	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) PSE	clos mu	city (US CYSTO	Ticker	a conso	" pry 17 days	ONSET AN	ID DEATH
DUE 1	-	widht	- 01	vary wil	16 0	wide -	-	-7	
Conditions, if any, which)	2			wins/ m					
gove rise to immediate	(b)	Cac ale	SIDA	aims In	12/4.	NAUE >			
couse (a), stating the under-	O								
	(c)						<u>.</u>	<u> </u>	
PART II OTHER SIGNIFICANT CO		INTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERMI	NAL DISEASE	E CONDITION GIV	'EN IN PART	1(o) 19. WA! PERI YES [FORMED?
	206. DESCR	RIBE HOW INJURY OCC	CURRED. (E	nter nature af injury in P	Port I ar Port	II of item 18.)			
20c TIME OF INJURY Month, Day, 1	rear 20d, INJ	URY OCCURRED 2	Oe. PLACE	OF INJURY (Home, form,	, 20f (City	ar lown)	{Cc	ounty)	(State)
20c TIME OF INJURY Month, Day, 1 Hour e.m. p. m.	While igt work	Not while	factory	street, office bldg., etc.	1		,	- 71	,,,
21. I certify that I attended th			17	. 19.59, to M	lax	2-8 1959	that I la	ast saw th	e deceased
alive on May 2.	19 5	9 and that a	leath oc	curred at 9 A	M from	the courses o	nd on th	a data etc	ted about
	. 1					reel, city or town,		e date sid	DATE SIGNED
ACTUAL SIGNATURE CLA-2 12	/ Sec	dette	M.D.	1400	457.	54		5/2	-7/59
PHYSICIAN'S Lewis 1	M.Z	Burckte	>	Cambr	ide	·	11.		
220. BURIAL, CREMATION, 225. DATE THERE BURLAL (Specify) MAY 31	1959	22c. NAME OF CEMET		EN PARK		ION (City, Iown, o	MARYT		ole)
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	Add L		BY REGISTI	A STATE OF THE PARTY OF THE PAR	TRAR'S SIGN		
	ERVICE	CAMBRIDG	E MA	RYLANDONE W			rehur S		

may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR (ser this certificate has been signed by the attending physician and completely filled in by the fur page 3 should be defined for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57



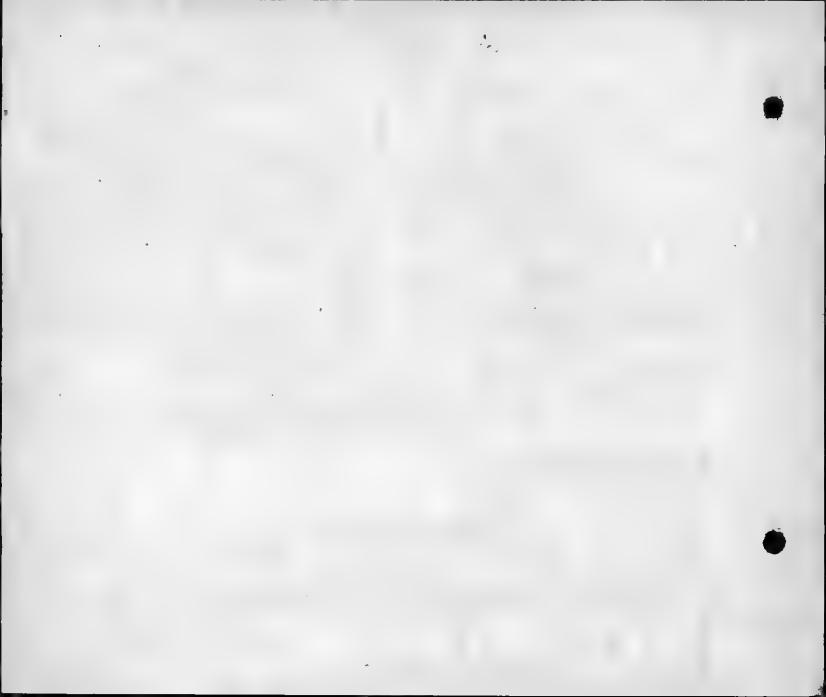
VS A15 (4) 15M 9/55 19

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5557 CERTIFICATE OF DEATH

Reg. Dist. No. U5558

Г	D. PLACE OF DEATH				2. US	UAL RESIDENCE	(Where decease	d lived. If institut		pefore admir	ision)	
1	0. 000111	Dorchest	er	MARYLANE	> ∥ °.	STATE Mart	vland	b. COUNTY	Dorch	ester	n	
ı	b. CITY OR TOWN (IF RURAL and give new	outside corporate limi	ts, write	c. LENGTH OF STAY IN TE	ς,	CITY OR TOWN	(If autside carpo	rote limits, write f		V W D O 2		
-1	Cambr:			Life	1/2	/2 Cambridge						
.	d NAME OF HOSPITA OR INSTITUTION		ive street		d.	STREET ADDRESS				e IS RE	SIDENCE	
		idge Mary				228	High S	Street			A FARM?	
Ī	B. NAME OF DECEASED	Fir		Middle		Lost	4. DATE	Mei	-th	Day	Yeor	
1	(Type or print)	Nell	ie	Coleman		Kiah	OF DEATH	May	1498	2	19 59	
	S. SEX			HED NEVER MARRIED		OF SIRTH		9 AGE Ilo vegrs	IF UNDER 1 Y	EAR IF UND		
1	Female	Negro	WIDOWE		Jun	e 19.	1883	lost birthday) 75 yrs.	Months Do	ys Hours	Min.	
, I	On USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR INI				ountry)	12. CITIZE	N OF WHA	T COUNTRY?	
)[Housew:	ng lite, even it retired	'	Housewife					Md .	USA		
Housewife Housewife Dorchester County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									10,0	0.042		
	Ec	aw Colema	n			1	Plies (Sampson				
li	S. WAS DECEASED EVER			SOCIAL SECURITY NO. 17	, INFORM		<u> </u>	Add	ress			
	NO [1	l yes, give war or dates of s	ervice)		Hele	n C W	aters.	Cambri	dre M	d.		
F		M [Enter poly one co	was one lie	ne far (a), (b), and (c).]	11616	II O. WC	20013	Campi		INTERVAL B	er) aterna	
1	PART 1. DEAT	H WAS CAUSED BY:	7	2	4	. 0 3	2.0.	. 0	[8	DNSET AND	DEATH	
1	420.1	IMMEDIATE CAUSE (o		Moca	7000		aur	<u>NU</u>				
1		DUE TO		00		1 P. T	T	P.	1	40	Acres	
	Conditions, if on	mediate		orono	70-2	7 Cerc	eus I	Men	3000	4 0	def 3	
	catse (a), stating to			2 to	- 6	00-	all of	,				
	A	- One to	M CHONS C	1000	NOTE	A COLOR LANGE	KWINAL DISEAS	E CONDITION GIV	EN IN PARI 16	PERF	DRMED?	
	200 ACCIDENT WAS	UNIDERLYING D	20h DES	CRIRE HOW INTURY OCCUR	IPSD ISsue	and one of the land	in Cost I on Con	II of them 191		YES [] NO []	
	PART II. OTH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)										
	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. IN	NJURY OCCURRED 20e.	PLACE OF	INJURY (Home, f	orm, 20f. (City	or town)	(Cour	ntvi	(Stote)	
	20c. TIME OF INJURY Hour a.m.	19	While of world	Nat while	factory, sti	reet, office bldg.,	etc.)		(000)		(0.0.0)	
1		11111		7/5	*	10 514.	1/3	- (%	/			
П		at I oftended the	decease			17.22.4 10.	Al		that I last			
ı	alive an	21 12		and that dea	th accu	rred at 700						
	ACTUAL SIGNATURE	Varte	7-6	aux		11	ADDRESS (SI	reet, city or town,	stole)		ATE SIGNED	
	SIGNATURE	1000			<u> </u>	104-	76.50	~>4-	74		3/14	
	PHYSICIAN'S NAME (Type)	(H. H.	1-11	KS M. D)	CA	UBR	1065	- X-7	d	, 	
	20. BURIAL, CREMATION	i, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREM	ATORY	22d. LOCAT	ION (City, town,	or county)	(Sto	le)	
	REMOVAL (Specify)	P11/100		1			1 4 .			,	•	
	burlal	5/6/19	29	I Waugh Cem	eter	V	Cami	oridge.	Harvl	and		
13	3 FUNERAL DIRECTORS		00	Waugh Cem	eter	·	EC'D BY REGIST		llaryl STRAR'S SIGNA	and TURE		





death.

plet

FUNERAL

2/2 cm/ 147 // Xm/ 2/2

Sols Landing Cemetery

ADDRESS

Cambridge.

Dorchester County

24b. REGISTRAR'S SIGNATURE

Cirthun S. King

24a, REC'D BY REGISTRAR

DATE MAY 2 6 '59

1050

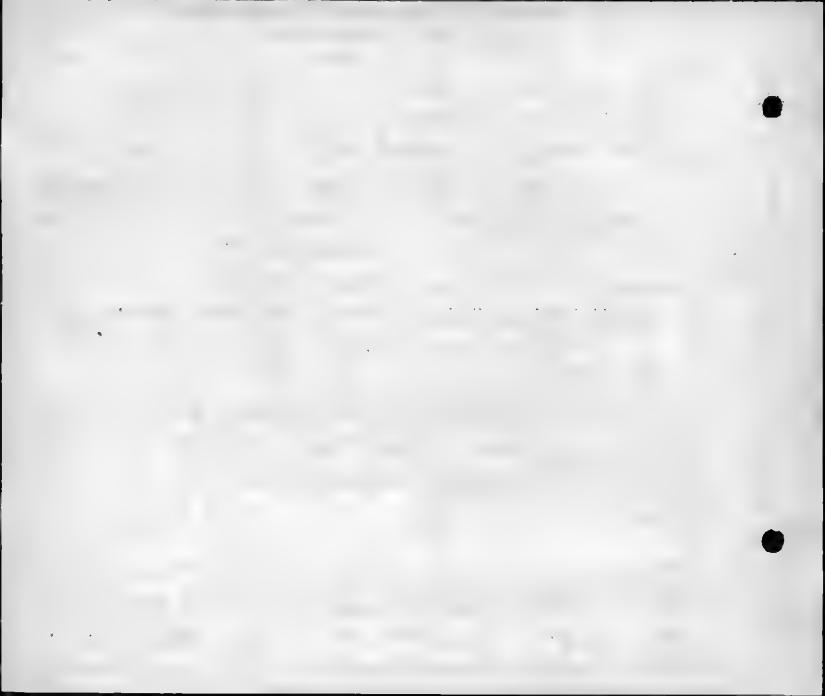
Buriai

FMNERAL DIRECTORS

TO FOSHITAL OR ATTENDING FILL

SEC. To FUREAL DIRECT free his

death.



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U	01	6	CER	HEICA	416	UL	DEV	۹.,

L		00	1 CONTINUE	AIL OI BEAT	•	Reg. Dist.	No.					
1	PLACE OF DEATH			2 USUAL RESIDENCE (Wh	ere deceased lived	If institution: Residence	before admission)					
o. county Dorchester			MARYLAND	o. STATE Mary	land b	COUNTY Dorch	ester					
	b. C'TY OR TOWN (If	autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limi	ts, write RURAL and give	e nearest tawn)					
	RURAL and give ne	- Rural	Life	× Vier	ma — Rura	1						
	OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?					
=		loute 50		/ Rout	e 50		YES 🔼 NO 🗌					
3.	NAME OF DECEASED (Type or print)	Robert	Brewster Brewster	Parker	4. DATE OF DEATH	May 23	Day Year 19 ⁵⁹					
5.	SEX	6. COLOR OR RACE 7 MAR	RIED 🔀 NEVER MARRIED 🗌	B. DATE OF BIRTH	. I loui k		YEAR IF UNDER 24 HRS					
L	Male	Negro widow		March 7, 1886		71.5						
10	during most of work	ON (Give kind of work done 10b. ing life, even if retired)		· ·	0		N OF WHAT COUNTRY?					
1		d farmer	Farm	Dorcheste		rytand U.	S.A.					
713	FATHER'S NAME	T) h		14. MOTHER'S MAIDEN N	0.0	ic						
		es Parker		Mary Elizabeth Dennis								
		12 1 2	SOCIAL SECURITY NO. 14-32-5030	Mrs. Clara D.	Parker,	Vienna, Md.	, R.F.D.					
	18. CAUSE OF DEA	TH [Enter only one couse per li	ne for (a), (b), and (c).]	, ,,			INTERVAL BETWEEN					
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Convneu	Insulkini	Research		ONSET AND DEATH					
	12 1.1	DUE TO	2	1 11								
	Conditions, if or	ny, which) (b)	monan	HRUNT D	USEMAR		143					
	gove rise to in	nmediate ()				J					
	couse (a), stating the under-											
CERTIFICATION	PART II OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED? YES NO					
TIFIC	20g ACCIDENT WA	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part It of item 18.)										
CER.	OR CONTRIBUTING	MEDICAL EXAMINER)										
CAL	20c. TIME OF INJURY	Y Month, Doy, Year 20d.	NJURY OCCURRED 20e	PLACE OF INJURY (Home, form	, 20f. (City or town	1) (Cou	enty) (State)					
MEDICAL	Hour o.m.	19 While of wo	1401 911116	octory, street, office bldg., etc.	1							
	21. I certify that I attended the deceased from 1/3/54 19, to 1/23 19.1 That I last saw the deceased											
	alive on											
	ADDRESS (Street, city or town, state) DATE SIGNED											
	SIGNATURE (GILVENIA MANJUNOV MD. 136 STRCP ST) [25/13]											
	PHYSICIAN'S NAME (Type)	-awrence	Maryanov	MD C	ambric	lge, md						
22	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMETERY Vienna Ceme	or crematory tely	Vienna,	ty town, or county)	(Stote)					
23			ADDRESS Ma	24a. REC'	D BY REGISTRAR	246 REGISTRAR'S SIGN						
	J.J.Frampt	om and Son, Fed	eralsourg, Ma	DATEMAY	2 8 '59	Cirilian A. BA	,a.lett					

Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. may be retained by the this certificate has been signed by the attending physician and campletely filled in by the land FUNERAL DIRECTO. The this certificate has been signed by the attending physician and campletely filled in by the land page 3 should be detached far use as the buriol-transit permit. Then please remaye carban papers. Pages 1 and 2 should be the registrar prior to buriof, cremation, ar remayal, and in any event within 72 haurs ofter denth. VS A15 (4) 15M 9/58

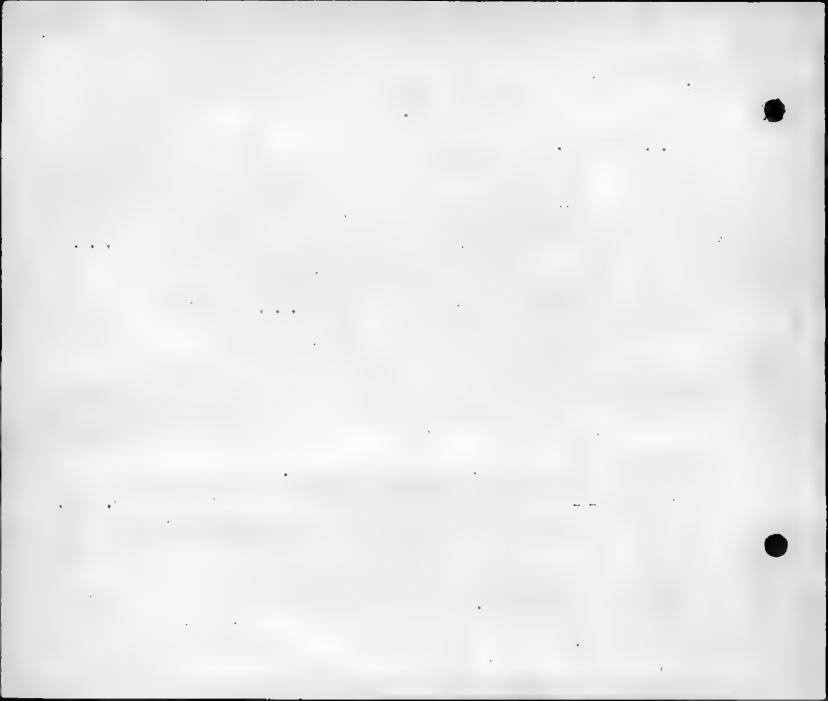


,			MARY	LAND ST	ATE DEPA	ARTMI	NT OF	HEALTH	I-BALT	IMORE,	18	43	F = 0
削	jL			5573	CERT	IFICA	TE OF	DEATH	1		Reg. D		5563
	Ī	. PLACE OF DEATH		1	MAR	YLAND	2. USUAL R			lived (f institu	Y _		
	-		Dorches					Mary.			Dor	<u>'ches'</u>	
		RURAL and give			ENGTH OF STAY	IN 16	c. CITY			ale limits, write	RURAL and	give negrest	tawn)
	-		-Church C		Life		X		s Road	d			
P.	,/	OR INSTITUTIO	ridge Mary			1	B. SIXE	ET ADDRESS				0	RESIDENCE
	3	NAME OF DECEASED	Fil	ral	Middle	B		Lost	4. DATE	M	onth	Day	Year
	L	(Type ar print)	Paulin		Н.		Phil	lips	OF DEATH	Ma	У	21.	1959
	5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔀 B	DATE OF B	IRTH	1	P. AGE (In year last birthday)	IF UNDE	RIYEAR IF	
I		Female	Negro	WIDOWED	DIVORCE	ED 🔲	Jan.	12. 1	946	13 yr		Days Ho	ours Min
	\ [i	Oa. USUAL OCCUPA	ION (Give kind of work trking life, even if retired	done 10b. KIND	OF BUSINESS	OR INDUS	RY 11. BIRT	HPLACE (State	ar fareign ca	untry)	12 CI	TIZEN OF W	HAT COUN
Į)	Stude			udent		Dor	chest	ar Coi	ıntı.	Mal	USA	
	小	3. FATHER'S NAME	7110	7 00				ER'S MAIDEN N		ALL LOY 9	O(CI)	USA	
		(Charles W.	Phill	ine			Haze	1 1/0	Nomen	0		
	lī	S. WAS DECEASEDE	/ER IN U. S. ARMED FOR			D. 117. IN	FORMANT	naze.	L MC	Namar	ંદી Idress		
		Ym, no, or unknown)	(If yes, give wor or dates of s	vervice}			_						3.6.7
	⊨	No			one		arles	W. P.		os, In	nas F		Md.
	- 1	1B. CAUSE OF DEATH [Enter only one couse per line (ar (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:										ONSET AND DEATH	
	- 1	PARI I. D	IMMEDIATE CAUSE (o	d	ober	P	new	moni				4	don
		1000	DUE TO) Ø	0.0	1	00						. /
		Canditions, if		1	icke	Ce	RK	an	m	g-		lus	rde
)		gove rise to codse (o), statin	immediate [
		lying couse los		:									
	,	PART II. C	THER SIGNIFICANT CON	IDITIONS CONT	RIBUTING TO DE	ATH BUT I	OT RELATED	TO THE TERM	NAL DISEASE	CONDITION G	IVEN IN PAR	Pi	ERFORMED?
	1 2	20g. ACCIDENT	VAS LINDERLYING TI	20b. DESCRIBE	HOW INJURY O	CCURRED	/Foles natu	re of injury in I	Port Lor Part	II of item IRA		16:	NO[
	100	OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)		TO THE MENT OF		tano nato	- Li injvi ji mi					
	- 1				v occument	20- 014	CE OF INITIO	W (Mann C	I not yet.				
	1000	Haur e. m		While	Nat while	fact	ory, street, a	RY (Home, form ffice bldg., etc	. 201. (City i	or tawn)	- (County)	{Sta
		р. п	. 19	ot work	ot wark				<u> </u>				
)		21. I certify	that I attended the	deceased f	rom5_/	16	, 19_5	7, to	5/21	19.5	子_that I	last saw	the deced
		alive on	5/20	1957	, and that	t death	occurred	at 12 19	+ M. from	the causes			
			7		7 - 7 - 11 - 11 - 11	200111				eet, city er tow		iio daig i	BATE SIG
			0 1/	2. Vu	amam	~		136	Raca	w	C		5/22
		ACTUAL	Allens III			N							7-7
	,	ACTUAL SIGNATURE	uffer 1										
	1	SIGNATURE	refer of						Can	aland!	UC 4	-	heat
	1	SIGNATURE	Mary Care Valence	ne Ion					Can		8		hul
	1	SIGNATURE NAME (Type) 20 BURIAL CREMAT	ION, 27b. DATE THEREO		NAME OF CEM		CREMATOR	<u></u>	22d. LOCATI	ON (City, town			(Stale)
0		SIGNATURE NAME (Type) 20 BURIAL, CREMAT REMOVAL (Specil BUTIAL	" 5/24/19	0F 22c	Linas		CREMATOR		22d. LOCATI	ON (City, town	r Cou	ntv.	(Stole)
		SIGNATURE NAME (Type) 20 BURIAL CREMAT	" 5/24/19				CREMATOR		22d. LOCATI	ON (City, town		ntv.	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

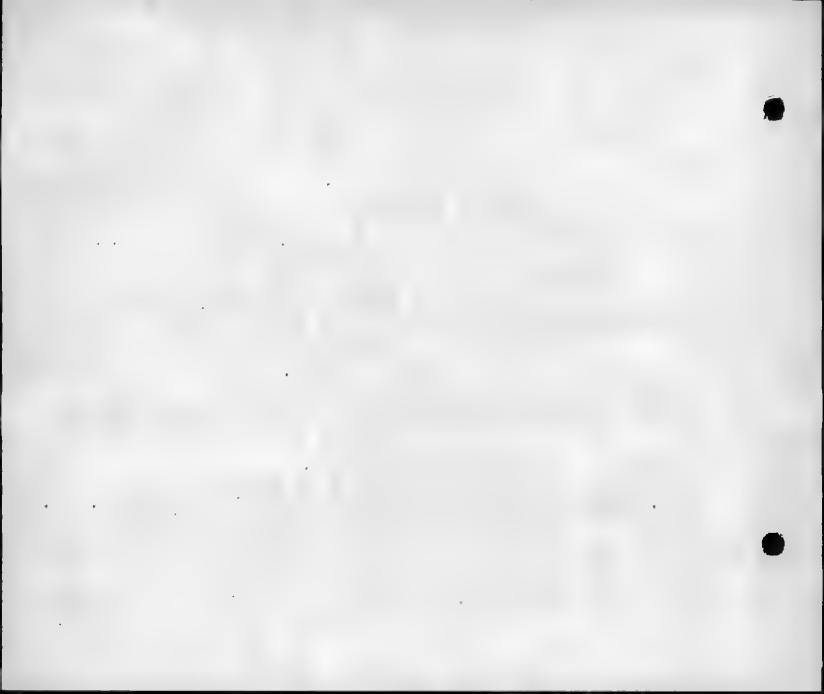
05566 Reg. Dist. No.

5576	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

-	1, [PLACE OF DEATH b. COUNTY	Dorchester		MARYL	AND	e. STATE Maj	Where deced ryland		rtion: Residen Y Dorcl		
	b	b. CITY OR TOWN III outside corporate limits, write RURAL and give nearest lown] Williamsburg - Rural			c. LENGTH OF STAY IS		c. CITY OR TOWN (III		porate limits, write — Rural	RURAL and	give nearest	town]
			LOR INSTITUTION (I	f not in hos	pital, give street address		d. Street Address Near Si	hiloh			0	RESIDENCE ON A FARM?
	- 8	NAME OF DECEASED (Type or print)	Mar	r V	Evelyn	R	ieley	4. DATE OF DEATH	Month	7 17	Day	Year 19 59
	5. s	ex Pemale	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	—,	May 9, 1906		9 AGE (In years lost brithday) 53 yrs.	Months D	YEAR IF U	NOER 24 HRS.
1	10a d	during most of working life, even if retired)			Home	OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CI					S.A.	AT COUNTRY?
)		13. FATHER'S NAME Robert Conway					14. MOTHER'S MAIDEN :					
			R IN U. S. ARMED FO! (If yes, give was as dates of		Unknown		rman Conway	, Hurl	ock, Mary	yland		
,		PART 3. DEAT	H (Enter only one county WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Tn	or (c), (b), and (c).] tracrania	1 1	njury				Inst	DEATH
V	z	Conditions, if an gave rise to Immed (a), stating the u cause last.	nderlying DUE TO		acture ba		of skull.	(MAI DISEAS	E CONDITION GIV	/Fix Inj PART	Inst	
3	FICATION						ler nature of injury in Par			LIV AV FOR	PER YES [FORMED?
	CAL CERTI	20g. EXTERNAL CAU PRIMARY II or CON CAUSE OF DEATH.	IIXIBUING L	Pede	strian hi	t b	y auto.					
7	MEDIC	12.30 TIME OF INJUR	M 5/17/99	While at wa	rk at work	foctor	E OF INJURY (Home, farm y, street, affice bldg., etc. NWAY	W1	y or town) 111amsb1	Country D		(Stote) Md.
			_		emains described Accident		e, held an Autaps ide [], Hamicide		nspection []], ndetermined c		, one	d find that
,		ACTUAL SIGNATURE	Sen,	200	- cefr		M.D. CHIEF MEDICAL EX		•		DAT	E SIGNED
×		EXAMINER'S NAME (Type)	John M				DEPUTY MEDICAL	EXAMINER	2		5/20/	/59
		REMOVAL (Specify) Burial	May 20,	1959	22c. NAME OF CEMETER Thompsont		Cemetery		r East Ne			d •
	23. J	FUNERAL DIRECTOR:	signature om and Son,	Fede	ralsburg, M	aryl	PIDA I	d by regist VIAY 2 6		STRAK'S SIGN Lithun S		

Vs. A15ME(5) 5M 9/55

or removal.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05567

e. IS RESIDENCE

ON A FARM?

YES 🗍 NO 🎒

Year

10

 MD_{-}

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

INTERVAL BETWEEN ONSET AND/DEATH

Hours

DORCHESTER

Day

19

Davi

USA

(County)

hours after death.

15M 10/57



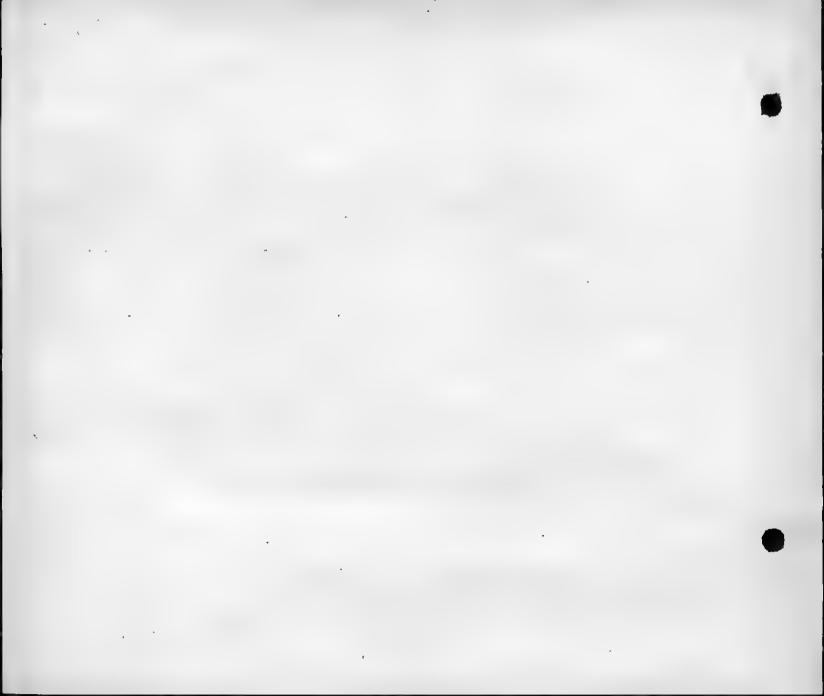


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Name I may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR for this certificate has been signed by the ottending physician and completely filled in by the formal director, page 3 should be defined for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauler for the registrar prior to burial, cremation, or remayol, and in any event within 72 bauts ofter death.

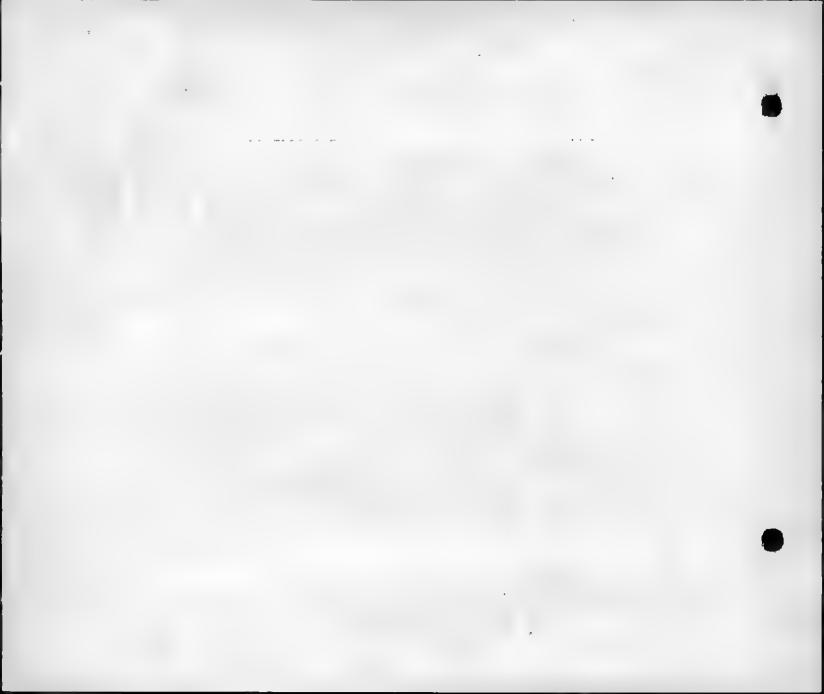
TO HOSPITAL OR ATTENDING PHYSICIA	may be retained by the haspital or atten-	Cretter this certific	poge 3 should be de
		۲	
1	S . 5N	A15	(-)/5

		MAKTLAND	DAIL DEPARTM	1243 5/27/5	H—BALTIMO! / cap	RE, 18	0				
		5 5	79 CERTIFIC	ATE OF DEAT	H	Reg. D	ist. No. (15569				
1.	PLACE OF DEATH b. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (M	_ b. C	OUNTY _					
	b. CITY OR TOWI	If outside corporate fimits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,		give nearest town)				
		Cambridge R.D. 3	25 years	X Cambrid	ge.R.D. 3						
	OK INSTITUTIO	PITAL (If not in hospital, give street N Russe 1	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO -				
3.	NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF DEATH More	Month	Day Year				
S. :		6. COLOR OR RACE 7. MAR	Pike	Schaffner B. DATE OF BIRTH	Plety	14,1959	19 R 1 YEAR IF UNDER 24 HRS				
	-				9. AGE (In lost birt		Days Hours Min				
	Fonale USUAL OCCUPA	TION (Give kind of work done) 10b	1	Jan. 20. 1891	or foreign country)	yrs. 12 CI	TIZEN OF WHAT COUNTI				
	Momentake FATHER'S NAME	orking lite, even it refired)		Lynn, Mas	38.		U.S.				
13.	FAIRER 2 NAME			14. MOTHER'S MAIDEN	NAME						
10		er D. Fllis VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117.	Georg	ria Gale						
{Ya	k fio, or unknown)	(If yes, give war or dates of service)				Address					
	No.		<u> </u>	ank L.Schaffr	er,Cambrida	e Md R	D. 3				
		EATH [Enter only one couse per li	ine for (o), (b), ond (c)]	-11		1	ONSET AND DEATH				
	20. 14	IMMEDIATE CAUSE (o)	remorea -	/ level n	Martale		42460				
	180X	DUE TO	. 0	28							
	Conditions, if		arlunoun C	/ Jandre	3		191.				
couse (o), stoting the <u>under-</u> DUE TO											
7	lying couse lost. (c)										
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\sum \ NO \(\sum \)										
CERTIF	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJ Hour 6. r p. r	. While	Not while too	ACE OF INJURY (Home, for clary, street, office bldg., et	n, 20f (City or tawn)	(1	County) (State				
1	21. I certify	that I attended the deceas	sed fram	1953. ta	Man 14	955 that I	lost saw the deceas				
	alive an	Mar 13, 195		accurred at 2:00							
	1			1	ADDRESS (Street, city of	r lown, stote)	DATE SIGN				
	SIGNATURE MAD Carrende Nd May 13										
	PHYSICIAN'S NAME (Type)	James U.	Thombse	n	-	T THEN SIZE AND THEN SET THE SET AND AND AND AND AND					
	BURIAL, CREMA	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City	town, or county)	(Stote)				
220		byl I				**					
220	MAN A Speci	" May 16,1959	Ridgewood Co	emetery	North Ando	Yer Mass					
	FUNERAL DIRECTO	11113 2092777	Ridgewood Co		Horth Ando	registrar's se					



hours after death.

requires that the death certificate be



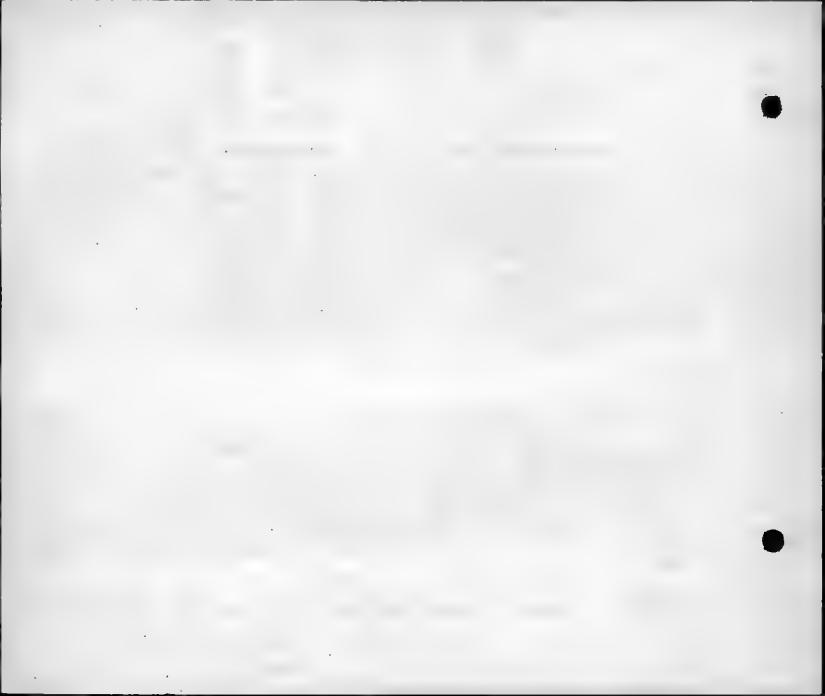
VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that IIIe IIeath certificate be axecated within 24 llaurs after death. Tage II

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5560

CERTIFICATE OF DEATH

		0 02::::::				Reg. Dist. No.	
PLACE OF DEATH			2 USUAL RESIDENCE o. STATE	(Where deceased live	ed If institution	Residence before	admission]
	Porchester	MARYLAND	Maryl	and	D. COOMIT D.	orcheste	r
b. CITY OR TOWN (RURAL and give n	(If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RUS	RAL and give near	est town)
	Cambridge	entire life	/ Cambri	.dge			
d. NAME OF HOSPI OR INSTITUTION	TAL [If not in haspital, give street		d. STREET ADDRESS				ON A FARM?
	Glasgow Nursing	Home	116 Lo	cust St.			YES NO
NAME OF DECEASED (Type or print)	First Edgar	Beckwith	Simmons	4. DATE OF DEATH M	lay 19,1		Yeor 19
SEX	6. COLOR OR RACE 7 MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years	FUNDER I YEAR	
Male	White wipowi		April 14,18	,, 0	O7 yrs.	Months Days	Hours Min.
during most of wor Fire Insu	ON (Give kind of work done 10b. rking life, even if refired) Pance agent	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (SI	ote or foreign countr	γl	12 CITIZEN OF	WHAT COUNT
FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
Jo	sia S S. Simmons		Leah I	Beckwith			
. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16, (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	is	
No	10 / 10 00 00 00 00 00 00 00 00 00 00 00 00	H	loward W. Sir	mons, Cank	ridge,	Md.	
PART 1. DE/ LL 2 2 1 Conditions, if c gove rise to i couse (o), stoting lying couse lost.	mmediole (arelinoile	otec C	cudor VD	<i>1</i>	ONSE	T AND DEATH W T
	HER SIGNIFICANT CONDITIONS C					1 IN PART 1(a) 19	WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER;	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury	in Part I or Port II o	Filem 18.)		
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Year 20d. It While of worl	Not while fo	LACE OF INJURY (Home, f sclory, street, office bldg.,	orm, 20f. (City or t	own)	(County)	(Stot
alive an	nat I attended the decease	~a ∩.	7 . 1953 to	M, fram th	e causes an	that I last sav d an the date	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Mann	rem	м.о	mb	t ze	my	8-19
G. BURIAL, CREMAT C REMOVAL (Specify)		22c. NAME OF CEMETERY C			(City, fown, or		(Stote)
Burial	May 21,1959	Cambridge Cen			ridge, M		
FUNERAL DIRECTOR	the Haru	ADDRESS Cambri	rage arms	EC'D BY REGISTRAR		RAR'S SIGNATURE	



1 ~	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18) = = H =
7	5561 CERTIFICATE OF DEATH Reg. Dist. No.	15572
I director,	1. PLACE OF DEATH o. COUNTY A 4 11 / LL 1 1 2 MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before constitutions) MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before constitutions)	
death.	b CITY OR TOWN (If publicle corporate limits, write RURAL and give no RURAL and give negrest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN If outside corporate limits, write RURAL and give no RURAL and give negrest town)	toresi lown)
by the d 2 sho	OR MAKE OF HOSPITAL/III not in hospital, give agreet oddress) OR MISTITUTION OR MISTITUTE	IS RESIDENCE ON A FARM? YES NO
n 24 ho fille∎ in ges 1 an	3. NAME OF DECEASED (Type or print) Bessie Mail Sissification (Type or p	by / Year 195 -/
aletely ar. Pog	5.5 MARRIED NEVER MARRIED 8 DATE OF BIRTH 18 9 9. AGE (In years Invinder 1 VA	Hours Min
and commerced of the commerce	Mayland, M.	OF WHAT COUNTRY
rifficate be physician a emave carb haurs after	There's name I such the time of the result of the	t
death certifi lending phy oleose remo ithin 72 hau	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 INFORMANT (Ver. no or unknown) [II yes, give wor or dates of sorvice] 16. SOCIAL SECURITY NO. 12 INFORMANT (LICYL) Address Little	Linery
he deat e attend en plea nt within		TERVAL BETWEEN ISET AND DEATH
s that t d by the nit. The my even	Conditions, if ony, which) (b)	
on. n signer sit per	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> (c)	
he faw physici nas beer rial-tran noval, a	Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
tending ringte la the bu	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 6 or Port II of item 18.)	
PHYSIC all ar at this cert ruse as emation	20c. TIME OF INJURY Month, Doy, Year Not Mile Not while of work of wor) (State)
Affer hed for until cr	21. I certify that I attended the deceased from 2 / 8 , 1907, to 5/24 , 1907, that I last salive an 2 / 2 / 1907, and that yearh accurred of 8:20 M, from the causes and on the deceased from 2 / 2 / M.	saw the deceased
RECYPIE DE LOS TO DELOS TODOS.	ACTUAL SIGNATURE STATE & FURTHER MD. 105 CHURCH ST.	5 25-15
rital of retaine RAI DI SAAI DI should istror pr	PHYSICIAN'S WALTER IE. CTUNGSYUR. CAMBRIDGE	MD.
O HOSI	229 BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Town, or county)	Stole)
VS A15 (4) 15M 9/55	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR'S SIGNATURE ADDRESS	Three Three



VS A15 (4) 15M 9/5B

	MARY	LAND STAT	TE DEPARTM	ENT OF HEALTH—BALTIMO	DRE, 18
15		5581	CERTIFICA	ATE OF DEATH	R
# F F F F F F F F F F F F F F F F F F F	1 PLACE OF DEATH o. COUNTY Dorchester		MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE MA b.	If institution COUNTY

	TE OF DEATH		, , , , , ,		=0	555	72
CF	ATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)						
	G STATE	ere decease		n Reside	nce befo	ore admiss	ion)
ND	Md.			V			,
16			rote limits, write RU	JRAL and	give ne	arest tawr	1) 1
		le		,).	- 1964		
	d. STREET ADDRESS					ON A	FARM?
	Lost	4. DATE	Mont	h	D	y	Year
	SMITH		May	20			1959
X	B. DATE OF BIRTH		9. AGE (In years				
] [8/10/02			Months	Days	Hours	Min
NDUS	TRY 11. BIRTHPLACE (State	or foreign c	ountry)	12 CH	IZENO	F WHAT C	OUNTRY?
	Md.				U.	S.	
	14. MOTHER'S MAIDEN N	IAME			-		
	Wilhelmina 1	Lane					
IP	FORMANT		Addre	BS \$			
Eas	stern Shore St	tate 1	dospital :	recor	ds		
ia.	degeneration	า	1		INT	ERVAL BE SET AND	TWEEN DEATH
	<u> </u>						
BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT I(a)	PERFO	RMED?
URREC	Enter nature of injury in F	ert I or Par	t II of item 18.)				CID-
		Tast					
foc	ACE OF INJURY (Home, farm, tary, street, office bldg., etc.	, ; 20f. (City) ;	r or town)		(County)		(State)
2	6 , 1958, to	124	20 , 1957,1	hot I I	ast sa	w the d	eceased
eoth	occurred ot 1 30 P	. /					
		ADDRESS (S	treet, city or lown,	tale)			
	w.D.		6	-11/51		<u></u>	
PY O	CPEMATORY - A	22d, 10CA	TION (City town, b	r countri		/Stat	e)

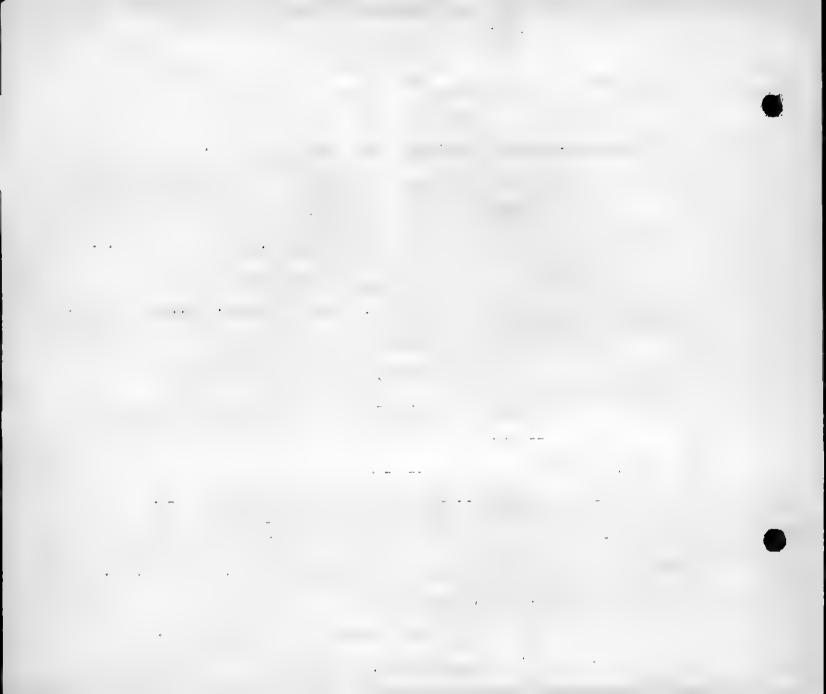
								keg. Dis	r. 140.	
1 PLACE OF DEATH o. COUNTY DO:	rchester		MARYL	AND	2. USUAL RESIDENCE (Va. STATE Md.	Vhere decease	d lived If institution b. COUNTY	Q.A.		ession)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (If	oviside corpo	prote limits, write R	URAL and g	ive nearest ta	wn] /
rural Camb			6 mo.		Grasonvi.	lle	e e	1. 2	John .	
OR INSTITUTION	AL (If not in hospital, gore State I				d. STREET ADDRESS				ON	ESIDENCE A FARM?
3. NAME OF	Fie		Middle		Lost	4. DATE	Mon	th .	Doy	Year
(Type or print)	ELA	IER			SMITH	OF DEATH	May		,	1959
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED) 🔀 B.	DATE OF BIRTH		9. AGE (In years		YEAR IF UN	
male	white	WIDOW	ED DIVORCED		8/10/02		lost birthday) 50 yrs.	Months	Days Hour	rs Min
100 USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stat	e or foreign c	ountry)	12 CITIZ	EN OF WHAT	COUNTRY
waterman	ing me, even it reffred	'			id.				U.S.	
13. FATHER'S NAME					14 MOTHER'S MAIDEN	NAME		-		
Dave Smit	h				Wilhelmina	Lane				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	IN	FORMANT		Addi	ess		
no	(it yes, give wer or dones or s	euncs)	none	Eas	tern Shore	State !	Mospital	record	ds	
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]				1		INTERVAL	BETWEEN
PART I DEA	TH WAS CAUSED BY:	Chr	onic myocard	dial	degeneration	on			ONSET AN	ID DEATH
422.1	DUE TO									
Conditions, if o	ny, which) (b	,							1	
gove rise to immediate DUE TO										
lying couse lost. (c)										
									1(a) 19. WA	S AUTOPSY FORMED?
CATI									YES [_
PART II. OTH	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury in	n Part I or Par	t II of item 18.)			
3 20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. II	NJURY OCCURRED 2	Oe PLAC	CE OF INJURY (Home, for	rm, 20f. (Cit)	r or town)	(C	ounty)	(State
20c, TIME OF INJUR Havr a.m.	19	While of war		focts	ary, street, office bldg., e	tc.)			• •	Ì
21. I certify th	at I attended the	deceas			6. 1958, to	724	20, 1954,	that I las	st sow the	decease
olive on 7	420	, 19_2	27, and that a	deoth	occurred of 30 f	_M, from	the couses on	d on the	date state	ed obove
ACTUAL / 3			7 /			ADDRESS (S	treet, city or lown,	state)	_	ATE SIGNE
SIGNATURE		1 - 4	Drean,	M_M	.D.	to	- Acc	11/4	<u> </u>	20 2
PHYSICIAN'S NAME (Type)	Thomas J. I	redg	e		alle ble ske van nerven ner en en en en en en en en en					
220 BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC)F	22c. NAME OFFICE	ERY OR	CREMATORY	22d. 19CA	TION (City on,	e le	-)	tate)
23 FUNERAL DIRECTOR	S SIGNATURE		ADIDRESS	1	240. REG	C'D BY REGIS	TRAR 245. REGIS	STRAR'S SIG	SNATURE	
Edra	J J	- 6	Level 7	Lill	Mel DATE	MAY 25	59 C	Thur S.	Kraus	
1			Comment of X							



M

MARYLAND:	STATÉ	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
556	2 0	ERTIFICATE	OF	DEATH	

					Reg. Dist. No.						
	1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived tf institution	Residence before admission)						
	Dorchester	MARYLAND	Maryla	nd b. COUNTY	Dorch						
1	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RUR	AL and give nearest town)						
	Cambridge	65 years	/ Cambri	dge							
7	d NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	address)	d. STREET ADDRESS		e IS RESIDENCE						
	Cambridge-Maryland	Hospital	Muse &	Gay Sts.,	ON A FARM? YES NO IN						
	3 NAME OF First	Middle	Lost	4 DATE Month	Day Year						
	(Type or print) Alfred	Jerry	Stack	DEATH May 26,1	.959						
	5. SEX 6 COLOR OR RACE 7. MARRI	IED 📆 NEVER MARRIED 🔲	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS						
	Male White WIDOWE	- L	March 11,1874	. 85 ул.	Aonths Doys Hours Min						
\	10a. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote	or foreign country)	12 CITIZEN OF WHAT COUNTRY						
)	Retired Laborer		Murlock,M	d.	U.S.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME							
	John Stack		Sarah Nic	hols							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17	NFORMANT	Address							
	No		s. Helen Borga	.Glasgow St., Ca	mbridge,Md.						
	1B. CAUSE OF DEATH Enter only one couse per line	e for (o), (b), ond (c).]			INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COY	ebral Thrombo	sis, massive		38 hours						
	500 A DUE TO										
	Conditions, if ony, which) (b) Art	eriosclerosis	, generalized	and cerebral	unknown						
	gove rise to immediate DUE TO										
	lying couse lost. (c)										
4	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	5	-			YES NO						
	I - ION CONTRIBUTING LI LAUSE CIE DEATH I	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18)							
	/										
	20c. TIME OF INJURY Month, Doy, Year 20d IN. Hour a.m., p. m 19 of work	UURY OCCURRED 20e PL	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f (City or town)	(County) (State)						
	≥ p. m == 19 of work		** **		••						
	21. I certify that I attended the decease		, 19, to\$	5-26-59 19	hat I last saw the decease						
	alive on <u>5-26-59</u> , 19	, and that death	accurred at 2:30 P	M, from the couses and	on the date stated above						
	~~ ? · · /	1		DDRESS (Street, city or town, stot	e) DATE SIGNE						
	SIGNATURE CLASSE 45 HOL	NOCIL.	M.D. 15 Locust S	Street Cambrid	ge, Md. 5-27-59						
7	PHYSICIAN'S	Lí									
	NAME (Type) Eldridge H. Wolf										
	220. BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or c	ounty) (State)						
	Burial May 28,1959	Dorchester Me	morial Park	Cambridge, Md.							
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'D		AR'S SIGNATURE						
	ment in in the	Cambridge Mi	DATE JUI	11 '59 Out	us & Kinea						



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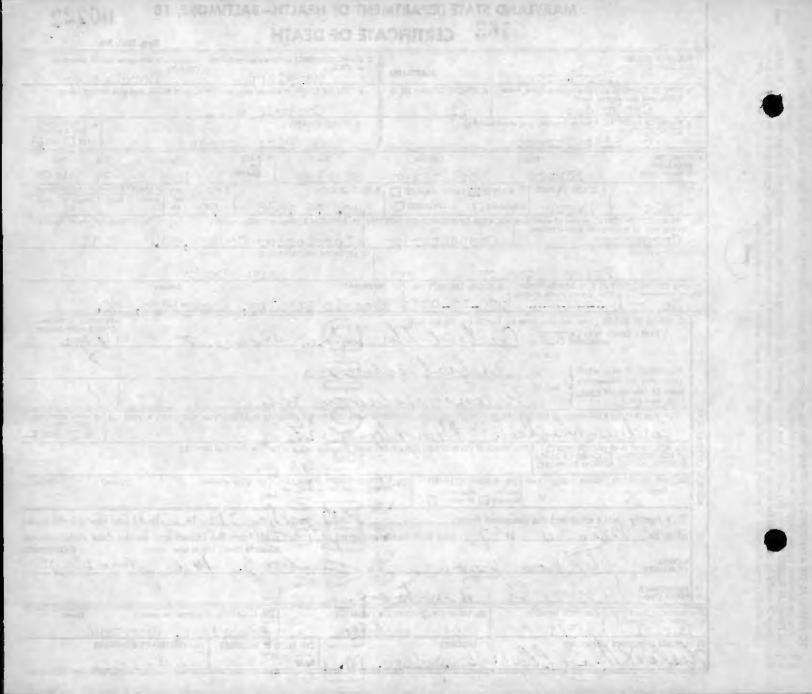
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5563 CERTIFICATE OF DEATH

Pag Dist No.

								Reg. Dist	, No.		
1. PLACE OF DEATH 0. COUNTY	D- 1		MARYLAND	2. USUAL RESIDEN	CE (Whi	ere deceased	lived. If institution b. COUNTY	on: Residence	e before	e admis	ion)
	Dorcheste:			Ma:	ryl	and		Dore	hes	ter	1
b. CITY OR TOWN (RURAL and give n	(If outside corporale limits,	, write	C. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If or	utside corpo	rote limits, write R	URAL ond gi	че леан	rest fow	n)
	bridge		Life	13 000	mbm	2220					
	ITAL (If not in hospital, giv	on alread		d. STREET ADDR	A A A Part when	idge					
OR INSTITUTION			abaress	D. SIKEEL ADDR	(622					ON A	FARM?
6 5 I	Pine Stree	t		61	Pi	ne Si	reet				NO
3. NAME OF	First		Middle	Losi		4. DATE	Mon	th	Day		Year
(Type or print)	Farrond		Washington	Others		OF DEATH			2.4		
5. SEX	Edward	4		Stanle	У	OLAIN	May		_3]		19 59
J. 5EA	a. COLOR OR RACE	- MARR	HED NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years lost birthday)	Months [Dovs	Hours	
Male	Negro	WIDOWE	DIVORCED	Aug. 19	18	88	70 yrs.	INIDITING (ryou	nours	Min,
IDO. USUAL OCCUPATE	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE			ountry)	12. CITIZ	ZEN OF	WHAT	COUNTRY
anting most of wor	rking life, even if refired)										
Carpent	ter		Carpentering				ounty Mo		US	A	
IS. FATHER'S NAME				14. MOTHER'S MA	IDEN N	AME					
	Peter Sta	anle	77		M	arv	Demby				
S. WAS DECEASED EVE	ER IN U. S. ARMED FORCE			NFORMANT	1/1	CLL Y	Addi				
(Yes. no. or unknown)	(If yes, give wor or dates of serv	vice]									
No		27	20-32-9351 F	lossie S	tan	lev.	Cambrid	lge.	Md.		
18. CAUSE OF DE	ATH [Enter only and cous	se per lic	ne for (o), (b), and (c).								TWEEN
PART I. DE/	ATH WAS CAUSED BY:	1				10	-		ONSE	T AND	DEATH
333 X	IMMEDIATE CAUSE (a)_		early mis	white	1	Xeu	100g		/	90	
	DUE TO	A		1					1	y	
	Conditions, if ony, which) (b) Children Relineses										
gave rise to immediate										2	
lying cause last.										/	
· W											
PART II. OT	HER SIGNIFICANT CONDI	HIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASI	CONDITION GIV	EN IN PART	1(0) 19	PERFC	AUTOPSY PRMED?
3 lande	ac youl	ule	Herentel	ena in	X						NO 4
200. ACCIDENT W	AS UNDERLYING [] 2	Ob. DES	CRIBE HOW INJURY OFCURRE	Enter noture of injury	ury in P	art I or Part	II of item 18.)				
OR CONTRIBUTING	G CAUSE OF DEATH				-						
20c. TIME OF INJUI	RY Month, Doy, Year			ACE OF INJURY (Homestory, street, office bld	e, form,	20f. (City	or town)	(Co	unty)		(State)
p. m.	19	While at worl		Noty, sireer, office blu	A. aic.						
		_		2.5	17	7		-	_	_	
21. I certify t	hat I attended the d	decease	ed from	, 19 <u>.5 /</u> , to	0_//	14	/	Athat I la	ist say	w the	deceased
alive on/	N(6-) 31)	. 125	, and that death	occurred at 7	25/	M. from	the couses of	nd on the	e date	e state	ad above
)			/ -	1			reet, city or town.		e dan		ATE SIGNED
ACTUAL /	1177	//	4		. /.	1.1.	101 1	St.	1	7	- SIO(42)
SIGNATURE	VU KAR	4/1	To a	M.D. Cece	rou	10th	190			4 V	
PHYSICIANS	0 - 0 1	1//	17 1			/		11			
NAME (Type)	4 mes	2.	1 nouns	n							
22g. BURIAL CREMATIC	ON, 22b. DATE THEREOF		22c. NAME OF CRMETERY OF	P CDEMATORY		22d LOCAT	ION (City, town, o	a country)		164	
REMOVAL (Specify)) 0 1 - 1	^						• • •		(Stot	e)
Burial	6/3/1959	9	Waugh Ceme	tery		Camb	ridge.	Mary	lan	d	
3. FUNERAL DIRECTOR	S SHENATURE	2	ADDRESS	240	. REC'D	BY REGIST		TRAR'S SIGN			
MILLERY	MORPE	dul	Cambridge	. Md. DA	TE JUS	1 1 0 '5	9 .	. 0	L		
X	1		- Marini Tage	TICL DX	15001		Cin	hur & +	truv		
		1									



VS A15 (4) 15M 9/58

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T M	1. PLACE C

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5582 CERTIFICATE OF DEATH

	CA	CIE OI DEATH				Reg. Dist. No.						
1. PLACE OF DEATH a. COUNTY Dot	rchester		MARYLA		o. STATE	ence (w		d lived. If instit b. COUN	TY	comic		ion)
b. CITY OR TOWN	(If outside corporate lim	ts, write c.	LENGTH OF STAY IN	1Ь	c. CITY OR TO	OWN (IF	outside corpo	prote limits, write				1) V
RURAL ond give i	mbridge	-	L yr. 23 da	vs	Sa	lisb	שיוו	2	21	2-2		
	ITAL (If not in hospital, g		ress)		d. STREET AD	DRESS					e. IS RES	IDENCE FARM?
	Eastern Sh	ore Sta	ate Hospita	1	52'	7 W.	Colle	ge Aven	ue		YES	NO K
3. NAME OF DECEASED (Type or print)	Gor		Middle		Lost	an wale	4. DATE OF DEATH		May 2	De	- /	Year 19 59
5. SEX			NEVER MARRIED	П В.	DATE OF BIRTH	wart		9. AGE (In year		DER I YEAR		- 4 /
Male	White	WIDOWED		_	eptember	n 2	1880	lost birthdoy	Mont	ns Cryp	Hours	Min.
10a. USUAL OCCUPATI during most of wo Stock Cle	ION (Give kind of work rking life, even if retired erk -Forme	done 10b. KIN		NDUST	CO . Par	CE (Stole	or foreign of Sha		12.	CITIZENO		OUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN I	VAME					
William :	Stewart				Vir	ginia	Will a	iams				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		CIAL SECURITY NO.	INF	ORMANNIS	.C.I	Rober	t Power	der D	augh	ter-	Sal
No			1-10-9414A	RE	CORDS:	Eas:	tern_S	hore Sta	ate H	lospit	al	
	ATH Enter only one or ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Chron	or (o), (b), and (c).]	rasc	ular Di	sease	9		-	INT	ERVAL BE	TWEEN
Conditions, if gave rise to cause (a), stating lying cause last	ony, which (b) (b) immediate g the under (c))	calized Art								0.4	
PART II. Q1	THER SIGNIFICANT CON	DITIONS COM	TRIBUTING TO DEATH	BUTN	OT RELATED TO	THE TERM	INAL DISEAS	SE CONDITION (SIVEN IN	PART 1(o)	PERFC	AUTOPSY RMED?
THE EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	JRRED.	(Enter noture of	injury in	Port I or Po	rt II of item 18.)				
ZOc. TIME OF INJU Hour o.m. p. m.		ar 20d, INJU While of work	Not while	e. PLAC focto	E OF INJURY (H ry, street, office	ome, farr bldg., et	n, 20f. (Cit	y or town)		(County)		(Stote)
21. I certify t	hat I attended the	deceased	from Apri	1 2	8 1958	ta	May	20 , 195	2,that	last sa	w the d	leceased
alive an	May 20		2, and that de	eath c			M, fram		and an		e stated	
ACTUAL SIGNATURE	De F	lig	pre	М.	o. Easter	rn Sl		tate Ho		1, Ca	5	20 7 9 and
PHYSICIAN'S NAME (Type)	. DeFilippi	S	Eas	ter	n Shore	Sta	te Hos	pital, (Cambr	idge,	Mar	yland
220. BURIAL, CREMATI REMOVAL (Specify Buria.	ON, 226. DATE THEREO	1959	Shad Po		Cemet		R.D/		ury,	Md.	(Stol	'e)
23. FUNERAL DIRECTOR HOLLOWAY	R'S SIGNATURE & COMPAN	Y SAI	ADDRESS LISBURY M	ARY	AND A SHOPPING		D BY REGIS	TRAR 24b. RE	GISTRAR'S		RE	

HIND HER WITH SERVE Table 1 and 1 I THE REPORT OF THE PROPERTY O Egyptime (Egyptime Egyptime Eg The state of the s al Farance etgel (etgel etgel) A THE SECOND STREET WHAT WHAT AND SECOND STREET STREET, STREET, AND SECOND STREET, SECOND STREET